

Gangrene of the Lungs.—Dr. A. D. HALL exhibited specimens of this disease taken from a man fifty years of age, who came under notice Sept. 10th, 1860. The patient's occupation was that of a nurse, and he had been employed in a large hospital for several years. His habits were those of a confirmed spirit-drinker, and he was never entirely free from the influence of liquor during the past year. Two months previously to his final illness, he was seen by Dr. Hall for a surgical disease, and then presented no indications of a chest affection. When called to him, the sunken, and livid countenance, with a quick, feeble pulse, and cold clammy skin, held out but little hope; he continued to sink, and died in the course of twenty-four hours. During this period the symptoms were an incessant cough, with a puriform, exceedingly offensive expectoration, accompanied by a peculiar fetor of the breath. This was so great as to prevent auscultation and percussion of the patient's chest, and rendered it difficult to remain any length of time by the bedside.

On *post-mortem* examination a gangrenous cavity, nearly the size of a man's fist, was found in the anterior portion of the upper lobe of the right lung. The cavity communicated with the bronchial tubes, and emitted a fetid odour, similar to that of the breath and sputa during life. It was filled with a greenish mass of a stongly character, together with a liquid apparently composed of the same material in a more fluid state. Isolated masses of crude tubercle occupied the apex of this lung. At the summit of the left lung there was found the depressed cicatrix of some former deposit. Beyond these alterations of tissue, the lungs were merely congested, and floated in water.

Remarks.—Gangrene of the lungs occurring during the course of pneumonia, pleuritis, especially where the constitution has been enfeebled by privation or disease, is not an affection of very great rarity. That it seldom occurs in connection with tubercular disease of the lung, may be inferred from the absence of reference to it by the more prominent authorities. In the elaborate work of Louis¹, no reference is made of it, and Walshe dismisses it in a few short and unsatisfactory sentences.

The great increase of fatty deposit, described by Rokitansky and Huss, as occurring in the bodies of old drunkards, held good in this case, in which the subcutaneous tissue, the exterior of the heart, the mesentery, and omentum were loaded with fat. The liver was not very markedly fatty, though rather large. The kidneys were somewhat enlarged, anæmic in appearance, with free fat deposited in their pelvis; but with the exception of a dense, fatty envelop, several inches in thickness, surrounding them, there was little else to remark. There was no approach to cirrhosis or granulated condition of either organ. More alteration of texture was to be expected from the well known and long continued habits of the patient.

The occurrence of fatty deposit in connection with tubercular disease is also worthy of notice; the supposition would naturally arise, that the wasting effect of tuberculosis should overbalance that of the fat producing influence of the alcohol in the economy. Another exception to the general rule, is mentioned by Handfield Jones, in which "a female, though dying of bronchitis with tubercular cavities in her lungs, was excessively fat."¹ The tubercular disease was also an exception in the rapidity of its progress.

¹ Brit. and For. Med.-Chir. Rev., July, 1853, p. 34.

In drunkards "tuberculosis runs an eminently chronic course."¹ But in this instance such was not the case. The disease advanced rapidly.

In all the cases published by Dr. Stokes, the patients were habitual drunkards, and the same is the fact with regard to those observed by Dr. Copland.

What influence a life of intemperance, with its train of fatty and fibroid degenerations, has in originating, or inducing a gangrenous action in some existing disease, would be an interesting subject for inquiry.

Severe Burn.—Dr. BRINTON exhibited to the Society a series of specimens removed from the body of a woman who had died recently at St. Joseph's Hospital. Dr. Brinton gave the following history of the case: About two weeks since the clothes of the person had taken fire, and almost the entire lower half of her body had been scorched. The eschar was superficial, involving only the integuments. When the patient was admitted into the wards, she was suffering from extreme prostration, but reacted readily under the administration of stimulants. She did not complain of much suffering, and appeared to progress favourably, gaining strength, until the ninth day after the accident. After this period diarrhœa set in, which resisted all treatment, and the woman died on the thirteenth day after the reception of the burn. During the continuance of this diarrhœa, but little pain was produced by pressure upon the abdomen. The respiration, however, during the last forty-eight hours of her life, was feeble and frequent.

Autopsy, fourteen hours after death. Abdominal Viscera.—The stomach was found to be inflamed, especially at its greater extremity; the duodenum was also inflamed, more particularly at its lower portion; the valvulæ conniventes here presenting a scarlet villous-like appearance. No ulcers, however, could be detected in the duodenum. The same inflammatory characteristics were observed at different points throughout the course of the jejunum and ileum. In this latter portion of the intestine, the inflammation was most marked in the neighbourhood of, and surrounding Peyer's patches. The glands themselves seemed slightly swollen, but were not inflamed. The large intestine was inflamed in the vicinity of the ilio-cæcal valve. The liver, when examined, was found to be fatty; the pancreas was normal, and the spleen was filled with blood, and was extremely friable. The right kidney was in the same condition, whilst the left was nearly healthy in appearance. The supra-renal capsules were not affected.

Thoracic Viscera.—The external surface of the heart was healthy; the mitral valves were inflamed, and the valves of the aorta were congested in the highest degree, presenting a beautiful vivid pink appearance. The same colouring was also found in the ascending part of the arch of the aorta. The coats of this vessel were studded over with atheromatous patches, as far as its bifurcation, at which point ossification was almost complete. The lungs were greatly congested with black blood, and the bronchial tubes were filled with frothy mucus.

Dr. HARTSHORNE remarked that it might often be questionable whether the internal congestion found in cases of external burns was due to the injury, or to the previous life and habits of the recipient, and cited Dr. Wilks as having expressed the opinion, that inflammation of the duodenum and jejunum is quite as frequently a coincidence as a consequence in these cases.

¹ Rokitansky, vol. i. p. 296.